PART B - FEE(S) TRANSMITTAL omplete and seapythis form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450 JUN 2 7 2005 (703) 746-4000 or <u>Fax</u> INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fees will be mailed to the current correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fees will be mailed to the current correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fees will be mailed to the current correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fees will be mailed to the current correspondence address. maintenance too notifications. Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission. CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address) 03/24/2005 7590 27498 Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (703) 746-4000, on the date indicated below. PILLSBURY WINTHROP LLP 2475 HANOVER STREET PALO ALTO, CA 94304-1114 06/28/2005 FFANAIA3 00000033 502213 09631892 Diana Dearing (Signature) 700.00 DA 01 FC:2501 30.00 DA 02 FC:8001 (Date) Tune 24 CONFIRMATION NO. ATTORNEY DOCKET NO. FIRST NAMED INVENTOR APPLICATION NO FILING DATE 38559-257945(6565-03) 1993 Joseph D. Lichtenhan 08/04/2000 09/631,892 TITLE OF INVENTION: PROCESS FOR THE FORMATION OF POLYHEDRAL OLIGOMERIC SILSESQUIOXANES TOTAL FEE(S) DUE DATE DUE PUBLICATION FEE ISSUE FEE SMALL ENTITY APPLN, TYPE 06/24/2005 \$700 \$700 YES nonprovisional CLASS-SUBCLASS **EXAMINER** ART UNIT 528-014000 1712 ROBERTSON, JEFFREY 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). 2. For printing on the patent front page, list David Jaffer (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. Pillsbury Winthrop (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is Shaw Pittman LLP "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer listed, no name will be printed. Number is required. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (B) RESIDENCE: (CITY and STATE OR COUNTRY) (A) NAME OF ASSIGNEE 18237 Mt. Baldy Circle, Fountain Valley, CA Hybrid Plastics LLC Please check the appropriate assignee category or categories (will not be printed on the patent): 🔲 Individual 🖾 Corporation or other private group entity 🗀 Government 4b. Payment of Fee(s): 4a. The following fee(s) are enclosed: A check in the amount of the fee(s) is enclosed. Issue Fee ☐ Payment by credit card. Form PTO-2038 is attached. Publication Fee (No small entity discount permitted) The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 502213 (enclose an extra copy of this form). Advance Order - # of Copies _____10 5. Change in Entity Status (from status indicated above)

June 24, 2005 Authorized Signature Váffer David Registration No. 32,243 Typed or printed name

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□ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.